

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

## STANDARD CERTIFICATE OF BIRTH

State File No.

Registered No.

147

615

1. PLACE OF BIRTH *Miami, Ariz.*

County *Gila*

State *Arizona*

District or Township *Gila*

or Village

City *Miami*

No. *367*

*Sykes*

St.

Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

If child is not yet named, make supplemental report, as directed.

2. Full name of child *David Ruiz*

3. Sex of Child To be answered ONLY in event of plural births.

*Boy*

4. Twin, triplet or other

5. No., in order of birth

6. Legitimate?

*yes*

7. Date of birth

*11-17-30*

Month Day Year

8. FATHER

Full name *Valente Ruiz*

9. Residence (Usual place of abode)

If non-resident, give place and state. *367 Sykes St.*

10. Color or race

*Mexican*

11. Age at last birthday (Years)

14. Full maiden name

*Josefa Bel*

15. Residence (Usual place of abode)

If non-resident, give place and state. *367 Sykes St.*

16. Color or race

*Mexican*

17. Age at last birthday (Years)

*18*

12. Birthplace (city or place)

(State or country) *Chihuahua, Mexico*

18. Birthplace (city or place)

(State or country) *U.S.*

13. Occupation *miner*

Nature of Industry *miner*

19. Occupation

Nature of Industry *Housekeeper*

20. Number of children of this mother. (Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living

(b) Born alive but now dead

(c) Stillborn

21. Were precautions taken against ophthalmia neonatorum?

*yes*

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn)

at *8 A.* m. on the date above stated.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature *Rosa Cortez*

(Physician or midwife.)

Given name added from supplemental report

Month, day, year

Address

Filed *Nov 30* 19 *30*

*R. E. Dwyer*

Registrar.

Registrar.

499-1117-193